

Application Serial Number	10/810,504
Filing Date	March 26, 2004
First Named Inventor	Krupa
Group Art Unit	2875
Examiner Name	Sawhney, Hargobind
Attorney Docket No.	OPT-007
Patent No.	Not applicable
Issue Date	Not applicable

TRANSMITTAL			First Named	inventor	Krupa	Krupa					
			Group Art U	up Art Unit							
	FORM			ame	Sawh	ney, Hargobind					
				ocket No.	OPT-	007					
			Patent No.		Not a	pplicable					
			Issue Date		Not applicable						
	ENCLOSURES (check all that apply)										
Ø i	Fee Transmittal Form			e to File Missing		Notice of Appeal to Board					
<u> </u>	_			cation (PTO-1553)	]	of Patent Appeals and Interferences					
	☐ Check Attached ☐ Copy of Fee Transmittal Form		Formal Drawir	ng(s)		Appeal Brief (in triplicate)					
⊠	Amendment/Response (11 pgs.)	Request For Continued Examination (RCE)				Status Inquiry					
☐ Preliminary ☐ After Final ☐ Affidavits/declaration(s) ☐ Letter to Official ☐ Draftsperson including Drawings	After Final	Transmittal  Power of Attorney		rney	$\boxtimes$	Return Receipt Postcard					
	(Revocation of Price				Certificate of Facsimile Transmission under 37 C.F.R. 1.8						
	[Total Sheets]		Terminal Disclaimer								
			Executed Declaration and Power of Attorney for Utility or Design Patent Application			Additional Enclosure(s) (please identify below) —					
	☐ Information Disclosure Statement		Small Entity Statement								
	Form PTO-1449 Copies of IDS Citation Labeled C13	CD(s) for large table or computer program									
	Certified Copy of Priority Document(s)		Amendment After Allowance								
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				Correction  Certificate of Correction (in							
	Computer Readable Copy duplicate)			or correction (in							
l	Statement verifying			RST CLASS MAIL							
	identity of above					nent(s) referred to as enclosed stal Service as first class mail,					
postage prepaid, in an enve				velope addressed to mail Stop Amendment, Commissioner for							
		Patents, P.	Alexandria, VA 2231	3-1450 o	n this 1st day of December, 2005.						
						Jamie Crystal-Lowry					
CORRESPONDENCE ADDRESS				SIGNATURE BLO	OCK						
Direc		lministrator				Respectfully submitted,					
Proskauer Rose LLP One International Place 22 <sup>nd</sup> Floor Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899			ce		2005	0.12.024.12					
			Date: December 1, 2005 Reg. No.: 55,699  Deborah M. Vernon								
			Tel. No.: (617) 526-	Tel. No.: (617) 526-9836 Agent for the Applicar							
				Fax No.: (617) 526-	9899	Proskauer Rose LLP One International Place					
						22 <sup>nd</sup> Floor					

Boston, MA 02110-2600

Complete if Known

Application Serial Number 10/810,504

Filing Date March 26, 2004

First Named Inventor Krupa

Group Art Unit 2875

Examiner Name Sawhney, Hargobind

Attorney Docket No. OPT-007

Design   300   500   200   130   130   130   130   140   130   140   1	Attorney Doc									
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 59-3081							FE	E CALCULATION (continued)		
Check	Payment Enclosed:									
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 90-3081   130   65   Surcharge - late filting fee or oath   130   65   Surcharge - late filting fee or oath   130   13					Large	Small		·		
Sequence   Fees (copy of this sheet enclosed)	The Commissioner is hereby authorized to credit or charge any fee					<del></del>		Fee Description	Fee Paid	
Additional fee required under 37 CFR 1.16 and 1.17	indicated below for this submission to Deposit Account No. 50-3081					130	65	Surcharge - late filing fee or oath		
Applicant claims small entity status   2,230   2,220   Request for ex parter re-examination	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				50	25				
Application   Separate   Calculation   Separate   Calculation   Separate   Calculation   Separate   Calculation   Search   Examination   Fee Paid   450   225   Extension for reply within 1st mo.	_									
1. BASIC FILING, SEARCH. AND EXAMINATION FEES   Application   Filing   Search   Examination   Fee Paid   1,020   510   Extension for reply within 1st mo.						4				
Application   Filing   Search   Examination   Fee Paid						4 '		•		
Application   Filing   Search   Examination   Fee Paid   1,020   510   Extension for reply within 3" mo.   Type   1,020   100   130   1,080   1,080   Extension for reply within 4" mo.   1,080   1,	4 B4000 ====				PEDO	4				
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Design   200   100   130   160   500   5	Application Type	Filing	Search	Examination	Fee Paid	1,020	510			
Plant	•	1		ľ		4				
Reissue	-									
Provisional   200   0						4				
Small Entity Discount   1. TOTAL   0   180   180   Submission of IDS						-1				
1. TOTAL 0 2. EXCESS CLAIM FEES Fee Small Entity Fee (5)  Each independent claim over 20 or, for Reissues, each independent claim over 3 or, for Reissues, each independent claim over 4 on for Reissues, each independent claim over 4 on for Reissues, each independent claim over 4 on for Reissues, each independent claim over 3 or, for Reissues, each independent claim	Provisional					4				
2. EXCESS CLAIM FEES  Fee  Small Entity Fee (5)  Fee (5)  Fee (5)  Fee (5)  For each additional invention to be examined (37 CFR 1.129(a))  100  100  100  100  100  100  100		Si				4				
Each claim over 20 or, for Reissues, each claim over 30 or, for Reissues, each independent claim over 30 or, for Reissues, each claim patent.  Total Claims  Extra Claims  Fee Paid (\$)  100  100  100  100  100  100  100  1	1 EVCECCOL 1	IM PEPS	1.		•	4				
over 20 and more than in the original patent.  Each independent claim over 3 or, for Reissues, each independent claim over 3 or, for Reissues, each independent claim over 4 or, for Reissues, each independent claim or,	Fee (\$)				/90	272	· ·			
cach independent claim more than in the original patent.  Total Claims  Extra Claims  Fee Paid (\$)  110 55 Submission of Terminal Disclaimer  32 HP (31)= 1 X \$25 = 25  HP = highest number of total claim paid for, if great than 20  Indep. Claims  Extra Claims  Extra Claims  Extra Claims  Fee Paid (\$)  6 3 or HP(5)= 1 X \$100 = 100  Other fee (Specify)  TOTAL AMOUNT SUBMITTED  (\$) 125 SIGNATURE BLOCK  If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (s125 for small entity) for each additional sheets or fraction there of . See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Extra Additional 50 or fraction fee (\$) Fee Sheets  Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Total Extra Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Total Extra Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Total Extra Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$) Fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee Paid (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$)  Fee Sheets Sheets Additional 50 or fraction fee (\$)  Fee Sheets Sheets Additional 50 or fraction fee Paid (\$)  Fee Sheet	311 /3				790	395				
Total Claims  Extra Claims  Fee Paid (\$)  110 55 Submission of Terminal Disclaimer  Other fee (Specify)  Other fee	each independent claim more than in the original 200 100				100	100	100	` '//		
Signature   Sign	patent.									
HP   Sighest number of total claim paid for, if great than 20   Other fee (Specify)	Total Claims		Extra Claims	3	Fee Paid (\$)	110	55	Submission of Terminal Disclaimer		
Indep. Claims 63 or HP(5) 1 X \$100 = 100  HP = highest number of total claim paid for, if great than 3 do 180  Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$)  Claims 360 180  TOTAL MOUNT SUBMITTED  2. TOTAL: 125  3. APPLICATION SIZE FEE  2. TOTAL: 125  3. APPLICATION SIZE FEE  3. APPLICATION SIZE FEE  5. SIGNATURE BLOCK  Respectfully submitted,  Respectfully submitted,  Respectfully submitted,  Respectfully submitted,  Respectfully submitted,  Respectfully submitted,  Total Extra Additional 50 or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Extra Additional 50 or fraction Fee (\$) Fee Paid (\$)  Sheets Sheets thereof Paid  Tound up to a whole number x = 3. TOTAL: 0  CORRESPONDENCE ADDRESS  Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place, 22nd Floor Boston, MA 02110  Tel. No.: (617) 526-9899  Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place, 22nd Floor Boston, MA 02110  Tel. No.: (617) 526-9899  TOTAL AMOUNT SUBMITTED  (\$) 125.00  Respectfully submitted,  Respectfully submitted,  Paid Respectfully submitted,  Paid Respectfully submitted,  Paid Respectfully submitted,  Proskauer Rose LLP  One International Place 22nd Floor Boston, MA 02110  Tel. No.: (617) 526-9899  One International Place 22nd Floor Boston, MA 02110  Tel. No.: (617) 526-9600	$\begin{array}{cccccccccccccccccccccccccccccccccccc$									
6 - 3 or HP(5) = 1		f total claim paid	for, if great th	han 20		Other fe	e (Specify)			
##F = highest number of total claim paid for, if great than 3  Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$)  Claims 360 180  2. TOTAL: 125  3. APPLICATION SIZE FEE  If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$2.50 (\$1.25 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Extra Additional 50 or fraction Fee (\$) Fee Paid Sheets thereof Paid Total Extra Sheets thereof Paid Total I CORRESPONDENCE ADDRESS  Direct all correspondence to:  Patent Administrator Proskauer Rose LLP One International Place, 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9800  TOTAL AMOUNT SUBMITTED  **CORNESPONDENCE ADDRESS**  Date: December 1, 2005 Reg. No. 55,699  Deborah M. Vernon Agent for the Applicants  Tel. No.: (617) 526-9836  Proskauer Rose LLP  One International Place 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9809  Direct all correspondence to:  Boston, MA 02110  Tel. No.: (617) 526-9600				3					l	
Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$)  2. TOTAL: 125  2. TOTAL: 125  3. APPLICATION SIZE FEE  If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Extra Additional 50 or fraction Fee (\$) Fee Paid Sheets Sheets thereof round up to a whole number x = 3. TOTAL: 0  CORRESPONDENCE ADDRESS  Direct all correspondence to:  Patent Administrator Proskauer Rose LLP One International Place, 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9899  TOTAL AMOUNT SUBMITTED  (\$) 125.00  Respectfully submitted,  Respectfully submitted,  Total Signature BLOCK  Respectfully submitted,  Tel. No.: (617) 526-9836  Proskauer Rose LLP  One International Place 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9899  Deborah M. Vernon Agent for the Applicants  Tel. No.: (617) 526-9899  One International Place 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9899  Total AMOUNT SUBMITTED  (\$) 125.00  Respectfully submitted,  Tel. No.: (617) 526-9836  Proskauer Rose LLP  One International Place 22 <sup>nd</sup> Floor Boston, MA 02110					100	Other fee	e (Specify)			
Claims 360 180  2. TOTAL: 125  3. APPLICATION SIZE FEE  SIGNATURE BLOCK  Total Extra Additional 50 or fraction free (\$) Fee Sheets Sheets thereof Sheets Sheets thereof Sheets Sheets Total: 0  -100 = /50 = whole number x = 3. TOTAL: 0  CORRESPONDENCE ADDRESS  Direct all correspondence to:  Patent Administrator Proskauer Rose LLP One International Place, 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9899  TOTAL AMOUNT SUBMITTED  (\$) 125.00  Respectfully submitted,  Respectfully submitted,  Total Sextra Additional 50 or fraction Fee (\$) Fee Paid  Paid  Total Extra Additional 50 or fraction Fee (\$) Fee Paid  Fee No.: (617) 526-9836  Tel. No.: (617) 526-9836  Fax No.: (617) 526-9899  One International Place 22 <sup>nd</sup> Floor Boston, MA 02110  Tel. No.: (617) 526-9600								4. TOTAL: (	)	
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Tel. No.: (617) 526-9836 Proskauer Rose LLP  CORRESPONDENCE ADDRESS  Direct all correspondence to:  Patent Administrator Proskauer Rose LLP One International Place, 22 <sup>nd</sup> Floor Boston, MA 02110 Tel. No.: (617) 526-9899 One International Place 22 <sup>nd</sup> Floor Boston, MA 02110 Tel. No.: (617) 526-9899 One International Place 22 <sup>nd</sup> Floor Boston, MA 02110 Tel. No.: (617) 526-9899 One International Place 22 <sup>nd</sup> Floor						Reg. No 5	55,699			
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PATENT

Attorney Docket No.: OPT-007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Krupa

**CONFIRMATION NO.:** 

8172

SERIAL NO.:

10/810,504

**GROUP NO.:** 

2875

FILING DATE:

March 26, 2004

**EXAMINER:** 

Hargobind Sawhney

TITLE:

COMPACT, HIGH-EFFICIENCY, HIGH-POWER SOLID STATE

LIGHT SOURCE USING A SINGLE SOLID STATE LIGHT-EMITTING

**DEVICE** 

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE

This paper is in response to the Office action mailed from the Patent Office on September 1, 2005, for which the shortened statutory period is set to expire on December 1, 2005. Applicants hereby authorize the Commissioner to charge additional claims fees for a small entity (\$125.00) and any necessary fees to enter this Amendment and Response to Attorney's Deposit Account No.: 50-3081.

Applicants respectfully request entry of this Response, in which:

- Amendments to the Claims begin on page 2.
- Remarks begin on page 7.

12/06/2005 SSITHIBI 00000027 503081